



Louisiana State Board of Medical Examiners

Physical Address: 630 Camp Street, New Orleans, LA 70130
Mailing Address: P.O. Box 54403, New Orleans, LA 70154-4403
Phone: (504) 568-6820; Fax: (504) 568-0503

REQUEST FOR DUPLICATE WALL CERTIFICATE

Complete and return this form to:

LSBME, ATTN: Merian Glasper, Director of Licensure
P.O. Box 54403, New Orleans, LA 70154-4403

FEE: \$12.00 (Request will not be processed until fee is received by this office)

MUST BE TYPED OR BLOCK PRINTED!

Type of License: _____

Name in FULL: _____

Address: _____

City/State/Zip: _____ Telephone: (_____) _____

Place of Birth: _____ Date of Birth: _____

Professional School/Program _____

Date of degree: _____

Date of Licensure in LA: _____ License # _____

Certificate lost/destroyed as follows:

Duplicate certificates are limited to one time issuance.

I certify that the above data is true and request that the Louisiana State Board of Medical Examiners issue a duplicate certificate to me.

Sign name in **FULL**

Sworn to and subscribe before me

this _____ day of _____ 20____

Notary Public

My commission expires: _____

NOTARY SEAL